

Case Number:	CM14-0047795		
Date Assigned:	07/02/2014	Date of Injury:	09/03/2009
Decision Date:	08/13/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old male who reported an injury on 09/03/2009 due to repetitive trauma while performing normal job duties. The injured worker was conservatively treated with physical therapy, medications, activity modifications, and steroid injections. The injured worker underwent an MRI on 02/13/2014 that documented a complete tear of the supraspinatus with tendinous retraction and acromioclavicular osteoarthritis of the right shoulder. The injured worker was evaluated on 03/07/2014. It was noted that that the injured worker had popping, clicking, and grinding complaints of the right shoulder with restricted range of motion and a positive drop arm test and positive Neer's test. A request was made for surgical intervention followed by postoperative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post op PT x30 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The clinical documentation supports that the injured worker is a surgical candidate for right shoulder surgery. MTUS Guidelines recommend up to 24 visits for rotator

cuff repair or acromioplasty. The requested 30 postoperative physical therapy visits exceeds this recommendation. There are not exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the request is not medically necessary.

Transportation to and from the facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(CMS. 2009) (ODG Knee Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation.

Decision rationale: The Official Disability Guidelines recommend transportation to and from medical appointments when there is documentation of an inability to self transport. The clinical documentation submitted for review does not provided any evidence that the injured worker will not be able to self transport or be transported by family members or friends following surgical intervention. As such, the request is not medically necessary.